

Instructions for Completing the Program Audit Profile (PAP)

1. There are six (6) Elements on the PAP and under each element are Factors to be looked at and a score, 1-5, applied.
2. Using the Scoring Guide you are to assign a score to each Factor.
3. The score for the Element is conducted by adding all Factor scores for that Element and Dividing by the number of Factors under that Element. This will give you an average for that Element and this number is placed in the box under the Element across from Score for element.
4. Next Add all Element Averages shown in Score for Element and put total in the Right hand column titled Total.
5. The Total is then divided by the number of Elements (6) and the Result shown in the open box beside Overall Score.

PROGRAM AUDIT PROFILE ELEMENTS SCORING GUIDE

ELEMENT: Management Leadership and Employee Participation

FACTOR: Management Leadership *(Visible management leadership provides the motivating force for an effective safety and health program)*

1	Management demonstrates no policy, goals, objectives, or interest in safety and Health issues at this worksite.
2	Management sets and communicates safety and health policy and goals, but remains detached from all other safety and health efforts.
3	Management follows all safety and health rules, and gives visible support to the safety and health efforts of others.
4	Management participates in significant aspects of the site's safety and health program, such as site inspections, incident reviews, and program reviews. Incentive programs that discourage reporting of accidents, symptoms, injuries, or hazards are absent. Other incentive programs may be present.
5	Site safety and health issues are regularly included on agendas of management operations meetings. Management clearly demonstrates—by involvement, support, and example—the primary importance of safety and health for everyone on the worksite. Performance is consistent and sustained or has improved over time.

FACTOR: Employee Participation *provides the means through which workers identify hazards, recommend and monitor abatement, and otherwise participate in their own protection.*

1	Worker participation in workplace safety and health concerns is not encouraged. Employees/employee representatives are not involved in the safety and health program.
2	Procedures are in place for communication between employer and workers on safety and health matters. Worker rights under the Occupational Safety and Health Act to refuse or stop work that they reasonably believe involves imminent danger are understood by workers and honored by management
3	Workers and their representatives are involved in the safety and health program, involved in inspection of work area, and are permitted to observe monitoring and receive results. A documented procedure is in place for raising complaints of hazards or discrimination and receiving timely employer responses.
4	Workers and their representatives participate in workplace analysis, inspections and investigations, and development of control strategies throughout facility, and have necessary training and education to participate in such activities.
5	Workers and their representatives participate fully in development of the safety and health program and conduct of training and education. Leadership encourages and authorizes employees to stop activities that present potentially serious safety and health hazards.

FACTOR: Implementation *means tools, provided by management, that include: Budget, Information, Personnel, Assigned Responsibility, Adequate expertise and authority, Means to hold responsible persons accountable, Program review procedures.*

1	Tools to implement a safety and health program are inadequate or missing.
2	Some tools to implement a safety and health program are adequate and effectively used; others are ineffective or inadequate. Management assigns responsibility for implementing a site safety and health program to identified person(s). Management's designated representative has authority to direct abatement of hazards that can be corrected without major capital expenditure.
3	Tools to implement a safety and health program are adequate, but are not all effectively used. Management representative has some expertise in hazard recognition and applicable OSHA requirements. Management keeps or has access to applicable OSHA standards at the facility, and seeks appropriate guidance information for interpretation of OSHA standards. Management representative has authority to order/purchase safety and health equipment.
4	All tools to implement a safety and health program are more than adequate and effectively used. Written safety procedures, policies, and interpretations are updated based on reviews of the safety and health program. Safety and health expenditures, including training costs and personnel, are identified in the facility budget. Hazard abatement is an element in management performance evaluation.
5	All tools necessary to implement a good safety and health program are more than adequate and effectively used. Management safety and health representative has expertise appropriate to facility size and process, and has access to professional advice when needed. Safety and health budgets and funding procedures are reviewed periodically for adequacy.

FACTOR: Contractor Safety *An effective safety and health program protect all personnel on the worksite, including the employees of contractors and subcontractors. It is the responsibility of management to address contractor safety.*

1	Management makes no provision to include contractors within the scope of the worksite's safety and health program.
2	Management policy requires contractor to conform to OSHA regulations and other legal requirements.
3	Management designates a representative to monitor contractor safety and health practices, and that individual has authority to stop contractor practices that expose host or contractor employees to hazards. Management informs contractor and employees of hazards present at the facility.
4	Management investigates a contractor's safety and health record as one of the bidding criteria.
5	The site's safety and health program ensures protection of everyone employed at the worksite, i.e., regular full-time employees, contractors, temporary and part-time employees.

ELEMENT: Workplace Analysis

FACTOR: Survey and Hazard Analysis *An effective, proactive safety and health program will seek to identify and analyze all hazards. In large or complex workplaces, components of such analysis are the comprehensive survey and analysis of job hazards and changes in conditions.*

1	No system or requirement exists for hazard review of planned/changed/new operations. There is no evidence of a comprehensive survey for safety or health hazards or for routine job hazard analysis.
2	Surveys for violations of standards are conducted by knowledgeable person(s) but only in response to accidents or complaints. Leadership has identified principal OSHA standards which apply to the worksite.
3	Process, task, and environmental surveys are conducted by knowledgeable person(s) and updated as needed and as required by applicable standards. Current hazard analysis are written (where appropriate) for all high-hazard jobs and processes; analysis are communicated to and understood by affected employees. Hazard analysis are conducted for jobs/tasks/workstations where injury or illnesses have been recorded.
4	Current hazard analysis are documented for all work areas and are communicated and available to all the workforce; knowledgeable persons review all planned/changed/new facilities, processes, materials, or equipment.
5	Corrective action is documented and hazard inventories are updated. Hazard analysis is integrated into the design, development, implementation, and changing of all processes and work practices.

FACTOR: Inspection *To identify hazards and failures in hazard controls, an effective safety and health program will include regular site inspections.*

1	No routine physical inspection of the workplace and equipment is conducted.
2	Supervisors dedicate time to observing work practices and other safety and health conditions in work areas where they have responsibility.
3	Supervisor and/or unit safety representative conduct inspections with appropriate involvement of employee. Items in need of correction are documented. Time periods for correction are set.
4	Workplace inspections are planned, with key observations or check points defined and results documented. Persons conducting inspections have specific training in hazard identification applicable to the facility. Corrections are documented and signed by Commander/Director.
5	Follow-up inspections of noted hazards are conducted and action taken to ensure abatement of hazards.

FACTOR: Hazard Reporting *A reliable hazard reporting system enables employees, without fear of reprisal, to notify management of conditions that appear hazardous and to receive timely and appropriate responses.*

1	No formal hazard reporting system exists, or employees are reluctant to report hazards.
2	Employees are instructed to report hazards to management. Supervisors are instructed and are aware of a procedure for evaluating and responding to such reports. Employees use the system with no risk of reprisals.
3	A formal system for hazard reporting exists. Employee reports of hazards are documented, corrective action is scheduled, and records maintained.
4	Employees are periodically instructed in hazard identification and reporting procedures. Management conducts surveys of employee observations of hazards to ensure that the system is working. Results are documented.
5	Management responds to reports of hazards in writing within specified time frames. The workforce readily identifies and self-corrects hazards; they are supported by management when they do so.

ELEMENT: Accident and Record Analysis

FACTOR: Accident Investigation *An effective Safety & Occupational Health program will provide for investigation of accidents and “near miss” incidents, so that their causes, and the means for their prevention, are identified.*

1	No investigation of accidents, injuries, near misses, or other incidents is conducted.
2	Some investigation of incidents takes place, but root cause may not be identified and correction may be inconsistent. Supervisors prepare injury reports for lost time cases.
3	FD Form 1326-R (or unit equivalent) is completed for all incidents resulting in injury/illness. Reports are generally prepared with cause identification and corrective measures prescribed.
4	Accidents are always investigated, and effective prevention is implemented. Reports and recommendations are available to employees.
5	All accidents and “near misses” are investigated for root causes by teams or individuals and corrective action, when warranted, implemented

FACTOR: Data Analysis *An effective program will analyze injury and illness records for indications of sources and locations of hazards, and jobs that experience higher numbers of injuries. By analyzing injury and illness trends over time, patterns with common causes can be identified and prevented.*

1	Little or no analysis of injury/illness records; no log of accidents is kept.
2	Data is collected and analyzed, but not widely used for prevention. Exposure records and analysis are organized and are available to safety personnel.
3	Injury/illness logs and exposure records are kept correctly. Calculations are conducted to identify high risk areas and jobs. Workers compensation claim records are analyzed and the results used in the program. Findings are used for prevention.
4	Employer can identify the frequent and most severe problem areas, the high risk areas, and job classifications, and any exposures responsible for OSHA recordable cases. Data are fully analyzed and effectively communicated to employees.
5	All levels of management and the workforce are aware of results of data analysis and resulting preventive activity.

ELEMENT: Hazard Prevention and Control

FACTOR: Hazard Control *Workforce exposure to all current and potential hazards should be prevented or controlled by using engineering controls whenever feasible and appropriate, work practices and administrative controls, and personal protective equipment (PPE).*

1	Hazard control is seriously lacking or absent from the facility.
2	Hazard controls are generally in place, but effectiveness and completeness vary. Serious hazards may still exist. Employer has achieved general compliance with applicable OSHA standards regarding hazards with a significant probability of causing serious physical harm. Hazards that have caused past injuries in the facility have been corrected.
3	Appropriate controls (engineering, work practice, and administrative controls, and PPE) are in place for significant hazards. Some serious hazards may exist. Employer is generally in compliance with voluntary standards, industry practices, and manufacturers' and suppliers' safety recommendations. Documented reviews of needs for machine guarding, energy lockout, ergonomics, materials handling, bloodborne pathogens, confined space, hazard communication, and other generally applicable standards have been conducted. The overall program tolerates occasional deviations.
4	Hazard controls are fully in place, and are known and supported by the workforce. Few serious hazards exist. The employer requires strict and complete compliance with all OSHA, consensus, and industry standards and recommendations. All deviations are identified and causes determined.
5	Hazard controls are fully in place and continually improved upon based on workplace experience and general knowledge. Documented reviews of needs are conducted by qualified health and safety professionals or professional engineers, etc.

FACTOR: Maintenance *An effective safety and health program will provide for facility and equipment maintenance, so that hazardous breakdowns are prevented.*

1	No preventive maintenance program is in place.
2	There is a preventive maintenance schedule, but it does not cover everything and may be allowed to slide or performance is not documented. Safety devices on machinery and equipment are generally checked before each production shift.
3	A preventive maintenance schedule is implemented for areas where it is most needed; it is followed under normal circumstances. Manufacturers' and industry recommendations and consensus standards for maintenance frequency are complied with. Breakdown repairs for safety related items are expedited. Safety device checks are documented. Ventilation system function is observed periodically.
4	The employer has effectively implemented a preventive maintenance schedule that applies to all equipment. Facility experience is used to improve safety-related preventative maintenance scheduling
5	There is a comprehensive safety and preventive maintenance program that maximizes equipment reliability.

FACTOR: Management of Medical Requirements *Management has an obligation to effectively comply with the Federal Employee's Compensation Act while assuring compensation costs within their respective areas are reduced to the greatest degree possible. Management also has a responsibility to manage the medical requirements of the military members under their direction to ensure a fit and able force.*

1	Management and employees lack knowledge necessary to effectively manage compensation cases. For military members, management lacks knowledge of medical requirements for occupation and in the event of an accident and/or conditions warranting limited duty.
2	Management and employees have received training on the Workers Compensation Program and/or are aware of medical requirements regarding military members; i.e., maternity medical program/limited duty review by occupational health.
3	Incidents resulting in lost time are reported to the CRCP Manager in a timely manner and management works with the CRCP Manager to manage the case. Management is knowledgeable about managing soldiers requiring limited duty assignments and ensures coordination with the Directorate of Health Services for medical issues is maintained. (Where there is lack of actual historical cases indicative of the case management action by management, management is able to demonstrate through written policy or verbal knowledge of actions that would be undertaken to ensure case management)
4	Immediate supervisors/agency designated person works closely with the CRCP Manager, Occupational Health, and the injured civilian employee/military member, to ensure best case management. The "Clinic First" procedure is known and followed by all personnel due to increased emphasis and training provided by the supervisor(s). (Where there is lack of actual historical cases to substantiate adherence to installation policy, management is able to demonstrate through written policy or verbal knowledge of actions that would be undertaken to ensure case management IAW installation policy)
5	Supervisors and employees have received training in Workers Compensation. Management works with, or has demonstrated the knowledge and willingness to work with the CRCP Manager to manage compensation cases and promote the use of light duty assignments to assist in controlling compensation costs. Management maintains compensation statistical data and uses as a tool to improve. In the area of military health care management, the immediate supervisor works with the soldier to ensure medical appointments are kept and stays informed on overall military member medical needs to ensure proper assignment.

ELEMENT: Accident Reporting Process

FACTOR: Injury and Illness To effectively manage injury and illness cases, accidents must be reported and investigated in a timely manner; identifying root cause and abatement actions.

1	Employees lack knowledge necessary to report accidents and receive prompt medical attention.
2	Employees have been trained on agency accident reporting procedures.
3	Accidents resulting in lost time are reported and steps taken to work with Civilian Resource Conservation Program Manager and health officials to manage case.
4	All accidents resulting in injury/illness/property damage are reported and investigated by immediate supervisor within 5 working days of incident.
5	A log/data base is maintained on all accidents resulting in injury/illness/property damage IAW applicable regulations. Investigation conducted to determine root cause of accidents is conducted within 5 working days and immediate action taken to eliminate hazard which caused or contributed to the incident.

ELEMENT: Safety and Health Training

FACTOR: (Same as Element) Training should cover the safety and health responsibilities of all personnel who work at the site or affect its operations. It is most effective when incorporated into other training about performance requirements and job practices. It should include all subjects and areas necessary to address the hazards at the site.

1	Facility depends on experience and peer training to meet needs. Managers/supervisors demonstrate little or no involvement in safety and health training responsibilities.
2	Some orientation training is given to new hires. Some safety training materials (e.g., pamphlets, posters, videotapes) are available or are used periodically at safety meetings, but there is little or no documentation of training or assessment of worker knowledge in this area.
3	Supervisors and managers attend training in all subjects provided to employees under their direction. Employees can generally demonstrate the skills/knowledge necessary to perform their job safely. Records of training are kept and training is evaluated to ensure that it is effective.
4	Employees are trained to recognize hazards, violations of OSHA standards, and facility practices. Employees are trained to report violations to management. There are easily retrievable scheduling and record keeping systems.
5	Employees participate in creating site-specific training methods and materials. Employees are trained to recognize inadequate responses to reported program violations. Retrievable record keeping system provides for appropriate retraining, makeup training, and modifications to training as the result of evaluations.